

County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

September 13, 2006

To All Interested Parties:

SUBJECT: Informal Solicitation for Dental Services

The Fairfax- Falls Church Community Services Board, Alcohol and Drug Services (CSB/ADS) is seeking a qualified vendor (s) to provide professional services for emergency and non emergency dental services to residential clients of the Fairfax- Falls Church Community Services Board.

The attached Scope of Services defines the tasks to be performed by the offeror. The following documents should be submitted as a proposal:

- A cover sheet with the dentist's name, mailing address, e-mail address, phone, and FAX numbers.
- Completed information as requested in Appendix A, Provision of Services
- Copy of current insurance certificate.
- Copy of professional license(s).
- Office hours and location(s) of service.

Your fee schedule will be requested at a later date.

Interested parties **must submit their responses no later than 4 p.m., September 29, 2006**, to Kelly Matthews, Contracts Analyst, Department of Administration for Human Services, 12011 Government Center Parkway, Suite 738B, Fairfax, VA 22035. Offerors may e-mail the proposal to Kelly.Matthews@fairfaxcounty.gov OR provide a faxed copy to Kelly Matthews at (703) 324-7339, with the original following in the mail to the above address.

All questions should be directed to Kelly Matthews at (703) 324-7810.

Sincerely,

Brenda Gardiner, Business Manager for Contracts

Attachment

Department of Administration for Human Services
Contracts Management

12011 Government Center Parkway, Suite 738
Fairfax, VA 22035

Phone: 703-324-5551 Fax: 703-324-7339 TTY: 703-324-5628

<http://www.fairfaxcounty.gov/admin/cm/default.htm>

Promoting Excellence in Human Services

1. SCOPE OF CONTRACT

- 1.1 The purpose of this solicitation is to enter into a contract with a qualified dentist(s) to provide professional services for emergency and non emergency dental services for residents in facilities operated by the Fairfax-Falls Church Community Services Board. Most referred patients will be in treatment for substance use related disorders and/or mental health disorders.

2. BACKGROUND

- 2.1 Fairfax County provides treatment services to residents of Fairfax County and the cities of Fairfax and Falls Church. Some of these clients may have emergency dental and non emergency, preventive, dental needs that require services. This will include services for pain reduction and pain management, not necessarily restorative procedures.

3. TASKS TO BE PERFORMED

- 3.1 Although the final terms and conditions of the contract will be negotiated with the successful offeror, it is anticipated that the following basic elements will comprise the majority of the services to be performed:

- a. The Contractor will provide Emergency Dental Services defined as services to the following:
 - 1. Clients with moderate to severe pain from abscessed teeth, lost fillings, and/or broken teeth AND need to be seen by a dentist within 24-48 hours, either through a scheduled or unscheduled appointment in the dentist's office;
 - 2. Clients with moderate pain from dental cavities, incomplete root canals and/or impacted wisdom teeth that need dental evaluation within seven (7) days through scheduled appointments; or
 - 3. Clients who have had dental extractions or dental surgery that may require after hours consultations in the dentist's office.
- b. The Contractor will provide Non-Emergency Dental Services defined as dental services to the following:
 - 1. Clients with dental cavities, lost fillings, broken teeth, incomplete root canals, impacted wisdom teeth and/or gingivitis who need evaluation through scheduled appointments as soon as practical, but no more than 14 days from request for appointment;
 - 2. Clients with gingivitis who do not necessarily have pain but need scheduled dental deep cleaning appointments as a precaution to the loss of teeth. These clients should be seen within 14 days of request for appointment; or
 - 3. Clients with minor pain from impacted wisdom teeth and/or from multiple missing teeth who need non-emergency

evaluation by a dentist in order to be referred to an oral surgeon and/or to obtain dentures. These clients should be seen within 14 days of request for appointment.

- c. The contractor will receive approval from the County for all dental services recommendations prior to commencing any work. The Dental Services Prior Authorization form is attached as Appendix B.
- d. The contractor upon completion of services shall submit the Dental Services Prior Authorization form along with an invoice for services provided.
- e. The County makes no guarantee of the number of emergency or scheduled visits that will be required.

4. TERMS OF THE CONTRACT

- 4.1 The term of this contract shall be for a period of two (2) years, effective November 1, 2006 through October 30, 2008. There will be a one (1) year renewal option for November 1, 2008 through October 30, 2009.
- 4.2 Multiyear contracts may be continued each fiscal year only after funding appropriations and program approval has been granted by the Fairfax County Board of Supervisors. In the event that the Fairfax County Board of Supervisors does not grant necessary funding appropriation/program approval, then the affected multiyear contract becomes null and void, effective July 1 of the fiscal year for which such approvals have been denied

5. SUBMISSION of PROPOSAL

- 5.1 Offerors are asked to provide the following information in their proposal:
 - a. A cover sheet with the dentist's name, mailing address, e-mail address, phone, and FAX numbers.
 - b. Appendix A, Provision of Services.
 - c. Copy of current insurance certificate.
 - d. Copy of resumes and professional licenses for all staff: dentists and hygienists who will be providing services under this contract.
 - e. Office hours and location(s) of service.
- 5.2 One (1) original (duly marked) and four (4) copies of the proposal are due to the receptionist by 4:00 p.m. EST on September 29, 2006 at the following address:

Department of Administration for Human Services
12011 Government Center Parkway, Suite 738
Fairfax, VA 22035
Telephone: 703-324-7810
FAX: 703-324-7339
Email: Kelly.Matthews@fairfaxcounty.gov

- 5.4 By replying to this solicitation, the offeror acknowledges that they have read this document, understand it, and agree to be bound by its terms and conditions. Proposals may be submitted by mail, facsimile, email or delivered in person. **Any proposal received after the 4:00 p.m. EST deadline on September 29, 2006 will not be accepted.**

6. BASIS OF AWARD

- 6.1. A Selection Advisory Committee shall conduct a preliminary evaluation of all proposals on the basis of the information provided with the proposal, and the evaluation criteria listed below.
- a. The offeror's response to Appendix A – Provision of Services.
 - b. Provision of a copy of current insurance certificate.
 - c. Provision of a copies of resumes and professional licenses of all staff providing services under this contract..
 - d. Availability of office hours and location(s) of service.
- 6.2. The Selection Advisory Committee shall then negotiate a contract with the highest rated offeror(s). At this time, the offeror(s) and the Selection Advisory Committee may negotiate any changes desired in the offer if deemed in the best interest of Fairfax County.
- 6.3. The County may contact offerors to clarify information included in their proposals. Offerors not selected will be so informed and advised to the reasons of the non-selection upon request.

7. CONTRACT INCLUSIONS

- 7.1 The final negotiated contract will require:
- a. Compliance with HIPAA regulations
 - b. Compliance with confidentiality laws under the Code of Federal Regulations including but not limited to Title **42 CFR** Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records
 - c. Invoicing procedures
 - d. Insurance requirements including but not limited to medical malpractice and professional liability insurance
 - e. Indemnification of Fairfax County

8. GENERAL TERMS AND CONDITIONS

The offeror awarded a contract will be expected to abide by all applicable provisions of the Fairfax County General terms and Conditions and Instructions to Bidders. This document is available for review at:

<http://www.fairfaxcounty.gov/dpsm/pdf/generalconditions.pdf>

APPENDIX A

PROVISION OF SERVICES

The Offeror, by responding in the affirmative, agrees to perform each of the following tasks as part of the final contract between the Offeror and the County. If necessary, make comments or offer an alternative suggestion to the following tasks at the end of this selection.

YES NO

The Contractor will provide Emergency Dental Services defined as services to the following:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Clients with moderate to severe pain from abscessed teeth, lost fillings, and/or broken teeth AND need to be seen by a dentist within 24-48 hours, either through a scheduled or unscheduled appointment in the dentist's office; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Clients with moderate pain from dental cavities, incomplete root canals and/or impacted wisdom teeth that need dental evaluation within seven (7) days through scheduled appointments; or |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Clients who have had dental extractions or dental surgery who may need after hours consultations in the dentist's office. |

The Contractor's will provide Non-Emergency Dental Services defined as dental services to the following:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | d. Clients with dental cavities, lost fillings, broken teeth, incomplete root canals, impacted wisdom teeth and/or gingivitis who need evaluation through scheduled appointments as soon as practical, but not more than 14 days from request for appointment; |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Clients with gingivitis who do not necessarily have pain but need scheduled dental deep cleaning appointments as a precaution to the loss of teeth. These clients should be seen within 14 days of request for appointment; or |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Clients with minor pain from impacted wisdom teeth and/or from multiple missing teeth who need non-emergency evaluation by a dentist in order to be referred to an oral surgeon and/or to obtain dentures. These clients should be seen within 14 days of request for appointment. |

Comments/Suggestions (Please reference the task above along with your comment/suggestion). Additional pages may be attached as necessary.

APPENDIX A

Offerors are also asked to provide information on the following statements.

1. Describe in detail your experience and the experience of any other dentists or staff providing services under this contract, including any areas of specialty.
2. Provide office hours and location(s) of service.
3. Provide information on any other services you or your organization will provide in conjunction with this contract.



Dental Services Prior Authorization Form

Mary Ann Beall
Chair
Providence District

Mattie L. Palmore
Vice Chairman
Mount Vernon District

Lynne Crammer
Secretary
At-Large

**Renée Alberts, L.P.C.,
C.S.A.C.**
At-Large

Raymond F. Burmester
Braddock District

Diane Engster, J.D.
At-Large

Mark L. Gross
City of Falls Church

Trudy Harsh
Sully District

Glenn Kamber
Hunter Mill District

Jean P. McNeal, Ed.D.
Dranesville District

David M. Redman
At-Large

**Jerome R. Shapiro,
Ph.D.**
City of Fairfax

Lori Stillman
Springfield District

Major Jim Whitley
Office of the Sheriff

Vacant
Lee District

Vacant
Mason District

James A. Thur,
MSW, MPH
Executive Director

Mary W. Kudless,
M.S.N. APRN BC
Deputy Director

To be completed by program:

Patient Identifier:		
Dentist Name:		
Dentist Location/Phone:		
Authorizing Program Staff Name	Signature	Date

Patient Complaint/Reason for Referral:

Procedures Authorized: (Check all that Apply, must be within Authorized cost limit below)

Initial evaluation	<input type="checkbox"/>	Simple fillings	<input type="checkbox"/>
X-rays	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>
Panoramic x-rays	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>
Extractions	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>

Cost Not to Exceed: \$ _____

To be completed by Dentist:

If additional procedures are being recommended, please explain why they are medically necessary (e.g. allergies, risk of infection, etc.). Procedures not authorized above or not within cost limit above must have new prior authorization before service is performed.

Dentist signature: _____ **Date:** _____

Additional Treatment Authorization: _____
Joyce Stuart or designee _____ Date: _____